



HEARING ON EARLY SUPPORT FOR FAMILIES ACT

UNITED STATES HOUSE OF REPRESENTATIVES  
SUBCOMMITTEE ON INCOME SECURITY  
AND FAMILY SUPPORT

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Chairman McDermott, Ranking Member Linder, and members of the Subcommittee on Income Security and Family Support of the Committee on Ways and Means, the Child Welfare League of America (CWLA) submits this statement in support of H.R. 2667, the Early Support for Families Act. We would like to thank the sponsors of this legislation, Representatives Jim McDermott, Danny Davis, Todd Platts, and James McGovern.

CWLA represents hundreds of state and local direct service organizations including both public and private, and faith-based agencies. Our members provide a range of child welfare services from prevention to placement services including adoptions, foster care, kinship placements, and services provided in a residential setting. CWLA's vision is that every child will grow up in a safe, loving, and stable family and that we will lead the nation in building public will to realize this vision.

As we have stated in other Congressional settings, CWLA believes the best way to ensure children are safe from all forms of maltreatment is to provide comprehensive, community-based approaches to protecting children and supporting and strengthening families. Public and private agencies, in collaboration with individual citizens and community entities, can prevent and remedy child maltreatment, achieve child safety, and promote child and family well being. There is no solution to addressing child abuse in our society short of a comprehensive approach that begins with preventive efforts and assures that we have a safe and permanent place for children who are the victims of abuse and neglect.

### **PREVENTION**

We support of the Early Support for Families Act, because home visitation provides an important component in the continuum of care that all children need. These programs also assist in improving education and health outcomes for children. One of the greatest challenges and debates with regard to our nation's child welfare system is over how we can prevent abuse and neglect from taking place. Everyone would prefer a system that can help a family before they become part of the millions of reports of abuse and neglect filed annually and certainly before they become one of the 800,000 children who are substantiated as neglected and or abused each year.

We recognize the value both in human and economic terms, and the great benefits to our nation and to vulnerable families and children of enacting policies that prevent the need for ever placing a child in foster care. There is no simple model for prevention of child abuse and in fact we believe that a commitment to preventing child abuse will involve multiple efforts and strategies.

All families benefit from information, guidance, and help in connecting with resources as they meet the challenges of parenting and family life. For families with limited resources, or those that face additional challenges such as health and mental health care, the need for support and assistance is even greater. Children develop the ability to lead productive, satisfying and independent lives in the context of their families; therefore families are central to child safety and well-being. Family ties are critical in the development of a child's identity. Through interaction with parents and other significant family members, children learn and come to

subscribe to their most cherished personal and cultural values and beliefs. They learn right from wrong, and gain competence and confidence. Family relationships must be nurtured and maintained to meet the needs of children for continuity and stability, which support healthy development.

Evidence shows that children who experience maltreatment are at greater risk for adverse health effects and risky health behaviors when they reach adulthood. Many parents involved in the child welfare system do not intentionally harm their children; rather their lack of knowledge, skills, or resources has led them to harm their children.<sup>1</sup> Quality early childhood home visitation programs lead to several positive outcomes for children and families, including a reduction in child maltreatment.

Annual data indicates that roughly 40% of the 800,000 children who are substantiated as abused and neglected never receive follow-up services.<sup>2</sup> Reasons for this include the way in which data is collected, how states provide services, shortage of caseworkers to provide services resulting in families to be placed on waiting lists, and in some instances the reluctance on the part of some families to access services. Still, with such a high and consistent percentage going without follow-up help, adequate front-end services are not being provided. For some, that may mean they will return to the system. It also tells us we are not doing enough to prevent these children from coming into care or being brought to the attention of child protective services (CPS). More widely available and implemented home visitation could help address this drastic shortcoming. Perhaps more serious is the fact that of the estimated 1,760 child deaths in 2007, 75.7% were younger than age 4. Of the perpetrators of child maltreatment, nearly 70% of child fatalities were caused by one or more parents.<sup>3</sup>

Prevention of child abuse and neglect is perhaps the greatest challenge in the continuum of the child welfare system. All too frequently, prevention of abuse and neglect is an add-on service instead of a core component of the range of needed services. The issue of providing or addressing prevention too often is conditioned on whether a child welfare agency or department can free up appropriations or funds by reducing the other costs, including what some would describe as back-end services, typically foster care. In fact, what is required is an investment in the range of services.

Part of the challenge in prevention is how we define and measure it. Prevention can encompass some services as basic as access to child care and a range of other services that can help families reduce the stresses of parenting by providing a needed respite for parents and ensure a child's well-being when parents are working, in school, or caring for other children.

Over the years CWLA has partnered with other national child-serving organizations to advocate for the expansion of programs and services for at-risk children and families, in a comprehensive effort to reduce the level of child abuse and child neglect. Beyond these most critical programs that affect families, we want to focus attention on those programs that have as their mission, at least in part, the prevention of child abuse. The federal government provides some limited funding intended to provide services that can prevent or remedy potential neglect and abuse situations. That funding, however, is severely limited.

CWLA recognizes the value of prevention in human and economic terms as well as the great benefit to our nation and to vulnerable families and children. Policies that prevent the need for placing a child in foster care have a human, economic, and moral impact. The challenge is that no simple model exists for prevention of child abuse and child neglect that applies to all. CWLA believes a commitment to preventing child abuse will involve multiple efforts and strategies. Greater investment and support for specific models and programs such as home visitation is one critical part of such a strategy.

## **HOME VISITING BACKGROUND**

Home visiting refers to different model programs that provide in-home visits to at-risk families. Home visiting programs—either stand-alone or center-based—serve at least 400,000 children, between the ages of zero through 5, annually. The eligible families in these home visiting programs may receive services as early as the prenatal stage. Nurses, social workers, child development specialists, and other trained members of the community conduct home visits on a weekly, bimonthly, or monthly basis. Program goals include promoting positive parenting practices, improving the health of the entire family, increasing the family's ability to be self-sufficient and enhancing school readiness for the children. Research shows that a child's early years are the most critical for optimal development and provide the foundation necessary for success in school and life, therefore home visiting can really make a lifetime of difference.

Research has shown that home visitation programs reduce abuse and neglect and juvenile delinquency, and ultimately save taxpayers over \$50 billion annually.<sup>4</sup> Greater investment and support for home visiting is a critical part of such a strategy. Currently home visitation programs rely on a range of federal, state and local funds. Unfortunately these funding sources can be unreliable, even for programs that are demonstrating effectiveness in a range of areas. In recent years states have utilized various funding sources including the Social Services Block Grant (SSBG), Title IV-B part 1, Child Welfare Services, Title IV-B part 2, Promoting Safe and Stable Families (PSSF), the Child Abuse Prevent and Treatment Act (CAPTA) state grants, The Title V Maternal and Child Health (MCH) Block Grant and Community-Based Family Resource and support grants. All of these funding sources are used to fund a range of other services, and all have been subject to reductions or proposed reductions in each of the last five budgets. This highlights the need for specific funding for home visiting programs to strengthen and stabilize the funding.

CWLA's commitment to home visiting spans back over half a decade when we first went on record for supporting legislation to expand Parents as Teachers and other early childhood home visiting programs. In past Congress' we have also supported the Education Begins at Home Act introduced by Congressman Danny Davis.

### *Home Visiting Models*

Some of the national home visitation models include Healthy Families America, Home Instruction for Parents of Preschool Youngsters (HIPPY), Nurse Family Partnership, Parent-Child Home Program, and Parents As Teachers. Healthy Families America exists in more than 450 communities; HIPPY is in 167 sites in 26 states; the Nurse Family Partnership has over

1,000 home visitors in 28 states; the Parent-Child Home Program has 137 sites nationally and 10 sites internationally; and Parents as Teachers is located in all 50 states and serves more than 400,000 children.<sup>5</sup>

#### *Results from Home Visiting Studies*

Home visiting services stabilize at-risk families by significantly affecting factors directly linked to future abuse and neglect. Research shows that families who receive at least 15 home visits have less perceived stress and maternal depression, while also expressing higher levels of paternal competence.<sup>6</sup> Home visiting programs may also reduce the disproportionality or overrepresentation of children and families of color in the child welfare system, while improving outcomes for these families. Research shows that participating children have improved rates of early literacy, language development, problem-solving, and social awareness. These children also demonstrate higher rates of school attendance and scores on achievement and standardized tests.<sup>7</sup> Studies show that families who receive home visiting are more likely to have health insurance, seek prenatal and wellness care, and have their children immunized.<sup>8</sup>

A study of the Missouri-based Parents As Teachers home visiting program examined the children enrolled in the program and found that by age 3, they were significantly more advanced in language, problem-solving, and intellectual and social abilities than children in comparable groups.<sup>9</sup> A study of the Nurse-Family Partnership showed a 79% reduction in child maltreatment among at-risk families compared to other families in a control group. That same study also indicated a number of other benefits in the areas of health, employment, and behavior.<sup>10</sup>

#### **EARLY SUPPORT FOR FAMILIES ACT**

##### *CWLA Applauds the Introduction of HR 2667*

CWLA endorses HR 2667 and is pleased that the President and Congress have taken a stand for home visiting and that legislation has now been introduced to make mandatory funding for home visiting a reality. We are equally pleased that the Early Support for Families Act will establish the first federal funding stream dedicated solely to home visiting programs. The bill builds off of previous bipartisan legislation that had been introduced in both the House and Senate that would support rigorously evaluated programs that utilize nurses, social workers, other professionals and paraprofessionals to visit families, especially lower-income families, on a voluntary basis. We are truly thankful for the continued commitment to the prevention of child abuse and neglect.

Under the Early Support for Families Act, states are directed to use the grants to supplement current funding for home visiting programs. The funding would start at \$100 million in 2010, increasing to \$700 million by 2014. The bill would require a state match of 15 percent in the first year, 20 percent in year two, and a 25 percent match by year three. The legislation does not dictate which, or how many, home visiting models may be used. A state's grant funding award would be based on the number of children in the state whose families live below the poverty line, with emphasis on communities with a high proportion of low-income families or a high incidence of maltreatment.

Certain aspects of the bill indicate Congress' strong commitment to the states. For example, the state match described in the bill signals a dedication to states facing the dilemma of having to cut critical services for children and families by not requiring a large match upfront but by gradually increasing it over the years. The bill also allows for the re-allotment of funds not used by the state for the given fiscal year. If enacted, the bill would fulfill one of President Obama's first initiatives in the area of zero to five early childhood policy.

### Recommendations

#### *Coordination*

To the extent that these mandatory funds are placed under the authority of the child welfare agency as is the case with IV-B 1 & 2, we strongly recommend a directed coordination at both the federal and state level to ensure proper targeting of funds.

On the federal level, the Department of Health and Human Services should work and consult with the Department of Education during the grant process. This same coordination and communication should also be evident throughout HHS in working with the various early childhood and child health programs within that Department. This federal approach would provide an important message to state and community programs about the need to work together.

On the state and local levels, all potential partnerships should be examined as a way to ensure that the best home visiting initiatives are employed so that family and community needs are met. Within the Education Begins at Home Act, an earlier version of this legislation, language was included that promoted collaboration among a broad range of child- and family-serving programs, including--

- early childhood home visitation programs
- early childhood care and education programs;
- programs carried out under part C of the Individuals with Disabilities Education Act
- child abuse prevention and treatment programs
- State and local child protection systems
- Medicaid and State Children's Health Insurance programs
- parental substance abuse, mental health and prevention and treatment programs

As well as many additional programs including child support, the Temporary Assistance for Needy Families (TANF) program and other service programs.

The concern is that if there is not a directive with at least some specificity as to who the state child welfare agency must coordinate with, this could become a home visiting initiative that will only be used for families that have already become involved with child welfare (i.e. abuse substantiated). That means this will not be a true "prevention" initiative and funds could supplant current use of SSBG, TANF, IV-B part 1 and part 2 as those dollars are re-allocated to address other issues.

Coordination is important to assure that this new funding addresses prevention of child abuse. While its not possible to expand to "universal" with this funding it is important that it address

families at-risk of entering the court and child welfare systems—at least if the goal is to create a funding source for prevention.

#### *Model Fidelity*

When applying for grants through this initiative, we believe that applicants should link to a national model or be able to assure fidelity to a home visitation model, and as a measure to ensure that the proposed program adheres to standards. We are concerned that there may be some programs that will apply under the home visiting umbrella that do not adhere to the basic/core components of a home visiting program. CWLA supports the potential of this funding structure in the bill that will allow for innovation but we would recommend that there be some assurance that both funding streams now included in the bill be allocated towards program models that exhibit the core components of evidence-based home visitation services.

#### **CONCLUSION**

CWLA commends the Committee for its hearing today on home visiting—highlighting the programs successful outcomes for children and their families. Such successful outcomes of home visiting contributing to familial continuity, educational enrichment, as well as physical and mental health will be expanded by increased federal support. CWLA hopes that the Administration's proposal along with this legislation and this hearing today, is merely the next step toward passage of the bill before you. This commitment will make the benefits of home visiting services accessible to many more families and improve outcomes for many more children. Thank you for all you do to ensure children are a national priority.

## ENDNOTES:

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  10. Nurse-Family Partnership. (2005) *Factsheet*. [Available online](#). Denver, CO: Author. [back](#)